

## QUEST Expanded Access (QExA) Provider Guidelines and Service Definitions

The following are the provider guidelines and service definitions for 1915(c) waiver services that will be provided in the QExA program. All the waiver services from the Nursing Home Without Walls (NHWW) , Residential Alternatives Community Care Program (RACCP), HIV Community Care Program (HCCP) and the Medically Fragile Community Care Program (MFCCP) have been consolidated in the new 1115(a) demonstration

1915 (c) waiver services	Section 1115 - Long Term Care Services
Adult Day Care Center	<p>Adult day care is defined as regular supportive care provided to four (4) or more disabled adult participants in accordance with HAR§17-1417. Services include observation and supervision by center staff, coordination of behavioral, medical and social plans, and implementation of the instructions as listed in the participant’s care plan. Therapeutic, social, educational, recreational, and other activities are also provided as regular adult day care services.</p> <p>Adult day care staff members may not perform healthcare related services such as medication administration, tube feedings, and other activities which require healthcare related training. All healthcare related activities must be performed by qualified and/or trained individuals only, including family members and professionals, such as an RN or LPN, from an authorized agency.</p> <p>Adult Day Care Centers are licensed by the Department of Human Services and maintained and operated by an individual, organization, or agency.</p>
Adult Day Health Center	<p>Adult day health refers to an organized day program of therapeutic, social, and health services provided to adults with physical, or mental impairments, or both which require nursing oversight or care in accordance with HAR §11-96 and HAR §11-94-5. The purpose is to restore or maintain, to the fullest extent possible, an individual’s capacity for remaining in the community.</p> <p>Each program shall have nursing staff sufficient in number and qualifications to meet the needs of participants. Nursing services shall be provided under the supervision of a registered nurse. If there are members admitted who require skilled nursing services, the services will be provided by a registered nurse or under the direct supervision of a registered nurse.</p>

Appendix E.3

1915 (c) waiver services	Section 1115 - Long Term Care Services
	<p>In addition to nursing services, other components of adult day health may include: emergency care, dietetic services, occupational therapy, physical therapy, physician services, pharmaceutical services, psychiatric or psychological services, recreational and social activities, social services, speech-language pathology, and transportation services.</p> <p>Adult Day Health Centers are licensed by the Department of Health.</p>
Assisted Living Facility	<p>Assisted living services include personal care and supportive care services (homemaker, chore, attendant services, and meal preparation) that are furnished to members who reside in an assisted living facility. Payment for room and board is prohibited.</p> <p>Assisted Living Facilities as a facility, as defined in HRS 321-15.1, that is licensed by the Department of Health. This facility shall consist of a building complex offering dwelling units to individuals and services to allow residents to maintain an independent assisted living lifestyle. The facility shall be designed to maximize the independence and self-esteem of limited-mobility persons who feel that they are no longer able to live on their own.</p>
Attendant Care	<p>Attendant care is the hands-on care, both supportive and health-related in nature, provided to medically fragile children. The service includes member supervision specific to the needs of a medically stable, physically handicapped child. Attendant care may include skilled or nursing care to the extent permitted by law. Housekeeping activities that are incidental to the performance of care may also be furnished as part of this activity. Supportive services, a component of attendant care, are those services that substitute for the absence, loss, diminution, or impairment of a physical or cognitive function. Attendant care services may be self-directed.</p>
Community Care Management Agency (CCMA)	<p>CCMA services are provided to members living in Community Care Foster Family Homes and other community settings, as required. A health plan may, at its option, demonstrate the ability to provide CCMA services by contracting with an entity licensed under HAR subchapters 1 and 2. The following activities are provided by a CCMA: continuous and ongoing nurse delegation to the caregiver in accordance with HAR Chapter 16-89 Subchapter 15; initial and ongoing assessments to make recommendations to health plans for, at a minimum, indicated services, supplies, and equipment needs of members; ongoing face-to-face monitoring and implementation of the member's care plan; and interaction with the caregiver on adverse</p>

Appendix E.3

1915 (c) waiver services	Section 1115 - Long Term Care Services
	<p>effects and/or changes in condition of members. CCMA's shall (1) communicate with a member's physician(s) regarding the member's needs including changes in medication and treatment orders, (2) work with families regarding service needs of member and serve as an advocate for their members, and (3) be accessible to the member's caregiver twenty-four (24) hours a day, seven (7) days a week.</p> <p>CCMA agencies are licensed by the DHS or its designee under HAR chapter 17-1454, subchapters 1 and 2, to engage in locating, coordinating and monitoring comprehensive services to residents in community care foster family homes or members in E-ARCHS and assisted living facilities. A health plan may be a community care management agency.</p>
Community Care Foster Family Home (CCFFH)	<p>CCFFH services is personal care and supportive services, homemaker, chore, attendant care and companion services and medication oversight (to the extent permitted under State law) provided in a <u>certified</u> private home by a principal care provider who lives in the home. The number of adults receiving services in CCFFH is determined by HAR, Title 17, Department of Human Services, Subtitle 9, Chapter 1454-43. CCFFH services are currently furnished to up to three (3) adults who receive these services in conjunction with residing in the home. All providers must provide individuals with their own bedroom. Each individual bedroom shall be limited to two (2) residents. Both occupants must consent to the arrangement. The total number of individuals living in the home, who are unrelated to the principal care provider, cannot exceed four (4).</p> <p>In accordance with HAR, Title 17, Department of Human Services, Subtitle 9, Chapter 1454-42, members receiving CCFFH services must be receiving ongoing CCMA services.</p> <p>A CCFFH as a home issued a certificate of approval by the DHS to provide, for a fee, twenty-four (24) hour living accommodations, including personal care and homemaker services. The home must meet all applicable requirements of HAR §17-1454-37 through HAR §17-1454-56.</p>
Counseling and Training	<p>Counseling and training activities include the following: member care training for members, family and caregivers regarding the nature of the disease and the disease process; methods of transmission and infection control measures; biological, psychological care and special treatment needs/regimens; employer training for consumer directed services; instruction about the treatment regimens; use of equipment specified in the service plan; employer skills updates as necessary to safely maintain the individual at home;</p>

Appendix E.3

1915 (c) waiver services	Section 1115 - Long Term Care Services
	<p>crisis intervention; supportive counseling; family therapy; suicide risk assessments and intervention; death and dying counseling; anticipatory grief counseling; substance abuse counseling; and/or nutritional assessment and counseling.</p> <p>Counseling and training is a service provided to members, families/caregivers, and professional and paraprofessional caregivers on behalf of the member.</p>
Environmental Accessibility Adaptations	<p>Environmental accessibility adaptations are those physical adaptations to the home, required by the individual's care plan, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which the individual would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the individual. Window air conditioners may be installed when it is necessary for the health and safety of the member.</p> <p>Excluded are those adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc. Adaptations which add to the total square footage of the home are excluded from this benefit. All services shall be provided in accordance with applicable State or local building codes.</p>
Expanded Adult Residential Care Home (E-ARCH) or Residential Care Services	<p>Residential care services are personal care services, homemaker, chore, attendant care and companion services and medication oversight (to the extent permitted by law) provided in a licensed private home by a principle care provider who lives in the home.</p> <p>Residential care is furnished: 1) in a Type I Expanded Adult Residential Care Home (E-ARCH), allowing five (5) or fewer residents provided that up to six (6) residents may be allowed at the discretion of the DHS to live in a Type I home with no more than two (2) of whom may be NF LOC; or 2) in a Type II EARCH, allowing six (6) or more residents, no more than twenty percent (20%) of the home's licensed capacity may be individuals meeting a NF LOC who receive these services in conjunction with residing in the home.</p> <p>E-ARCH is a facility, as defined in HAR §11-100.1.2 and licensed by the Department of Health, that</p>

Appendix E.3

1915 (c) waiver services	Section 1115 - Long Term Care Services
	<p>provides twenty-four (24) hour living accommodations, for a fee, to adults unrelated to the family, who require at least minimal assistance in the activities of daily living, personal care services, protection, and healthcare services, and who may need the professional health services provided in an intermediate care facility or skilled nursing facility. There are two types of expanded care ARCHs in accordance with HRS § 321-1562 as described above.</p>
Home Delivered Meals	<p>Home delivered meals are nutritionally sound meals delivered to a location where an individual resides (excluding residential or institutional settings). The meals will not replace or substitute for a full day's nutritional regimen (i.e., no more than 2 meals per day). Home delivered meals are provided to individuals who cannot prepare nutritionally sound meals without assistance and are determined, through an assessment, to require the service in order to remain independent in the community and to prevent institutionalization.</p>
Home Maintenance	<p>Home maintenance is a service necessary to maintain a safe, clean and sanitary environment. Home maintenance services are those services not included as a part of personal assistance and include: heavy duty cleaning, which is utilized only to bring a home up to acceptable standards of cleanliness at the inception of service to a member; minor repairs to essential appliances limited to stoves, refrigerators, and water heaters; and fumigation or extermination services. Home maintenance is provided to individuals who cannot perform cleaning and minor repairs without assistance and are determined, through an assessment, to require the service in order to prevent institutionalization.</p>
Medically Fragile Day Care	<p>Medically fragile day care is a non-residential service for children who are medically and/or technology dependent. The service includes activities focused on meeting the psychological as well as the physical, functional, nutritional and social needs of children.</p> <p>Services are furnished four (4) or more hours per day on a regular scheduled basis for one (1) or more days per week in an outpatient setting encompassing both health and social services needed to ensure the optimal function of the individual.</p>
Moving Assistance	<p>Moving assistance is provided in rare instances when it is determined through an assessment by the care coordinator that an individual needs to relocate to a new home. The following are the circumstances under which moving assistance can be provided to a member: unsafe home due to deterioration; the individual is wheel-chair bound living in a building with no elevator; multi-story building with no elevator, where the client lives above the first floor; member is evicted from their current living environment; or the member is</p>

Appendix E.3

1915 (c) waiver services	Section 1115 - Long Term Care Services
	no longer able to afford the home due to a rent increase. Moving expenses include packing and moving of belongings. Whenever possible, family, landlord, community and third party resources who can provide this service without charge will be utilized.
Non-Medical Transportation	Non-medical transportation is a service offered in order to enable individuals to gain access to community services, activities, and resources, specified by the care plan. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the Medicaid State Plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge will be utilized. Members living in a residential care setting or a CCFFH are not eligible for this service.
Personal Assistance Services (Level II)	<p>Personal assistance services Level II are provided to individuals requiring assistance with moderate/substantial to total assistance to perform ADLs and health maintenance activities. Personal assistance services Level II shall be provided by a Home Health Aide (HHA), Personal Care Aide (PCA), Certified Nurse Aide (CNA) or Nurse Aide (NA) with applicable skills competency. The following activities may be included as a part of personal assistance services Level II:</p> <ul style="list-style-type: none"> <li>• Personal hygiene and grooming, including bathing, skin care, oral hygiene, hair care, and dressing;</li> <li>• Assistance with bowel and bladder care;</li> <li>• Assistance with ambulation and mobility;</li> <li>• Assistance with transfers;</li> <li>• Assistance with medications, which are ordinarily self-administered when ordered by member's physician;</li> <li>• Assistance with routine or maintenance healthcare services by a personal care provider with specific training, satisfactorily documented performance, care coordinator consent and when ordered by member's physician;</li> <li>• Assistance with feeding, nutrition, meal preparation and other dietary activities;</li> <li>• Assistance with exercise, positioning, and range of motion;</li> <li>• Taking and recording vital signs, including blood pressure;</li> <li>• Measuring and recording intake and output, when ordered;</li> <li>• Collecting and testing specimens as directed;</li> </ul>

Appendix E.3

1915 (c) waiver services	Section 1115 - Long Term Care Services
	<ul style="list-style-type: none"> <li>• Special tasks of nursing care when delegated by a registered nurse, for members who have a medically stable condition and who require indirect nursing supervision as defined in Chapter 16-89, Hawaii Administrative Rules;</li> <li>• Proper utilization and maintenance of member’s medical and adaptive equipment and supplies. Checking and reporting any equipment or supplies that need to be repaired or replenished;</li> <li>• Reporting changes in the member’s behavior, functioning, condition, or self-care abilities which necessitate more or less service; and</li> <li>• Maintaining documentation of observations and services provided.</li> </ul> <p>When personal assistance services Level II activities are the primary services, personal assistance services Level I activities identified on the care plan, which are incidental to the care furnished or that are essential to the health and welfare of the member, rather than the member’s family, may also be provided.</p> <p>Personal assistance services Level II may be self-directed.</p> <p>Personal Assistance is care provided when a member, member’s parent, guardian or legal representative employs and supervises a personal assistant who is certified by the health plan as able to provide the designated services whose decision is based on direct observation of the member and the personal assistant during the actual provision of care. Documentation of this certification will be maintained in the member’s individual plan of care.</p>
Personal Emergency Response Systems	<p>PERS is a twenty-four (24) hour emergency assistance service which enables the member to secure immediate assistance in the event of an emotional, physical, or environmental emergency. PERS are individually designed to meet the needs and capabilities of the member and includes training, installation, repair, maintenance, and response needs. PERS is an electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable “help” button to allow for mobility. The system is connected to the person’s phone and programmed to signal a response center once a “help” button is activated. The response center is staffed by trained professionals. The following are allowable types of PERS items:</p>

Appendix E.3

1915 (c) waiver services	Section 1115 - Long Term Care Services
	<ul style="list-style-type: none"> <li>• 24-hour answering/paging;</li> <li>• Beepers;</li> <li>• Med-alert bracelets;</li> <li>• Intercoms;</li> <li>• Life-lines;</li> <li>• Fire/safety devices, such as fire extinguishers and rope ladders;</li> <li>• Monitoring services;</li> <li>• Light fixture adaptations (blinking lights, etc.);</li> <li>• Telephone adaptive devices not available from the telephone company; and</li> <li>• Other electronic devices/services designed for emergency assistance.</li> </ul> <p>All types of PERS, described above, shall meet applicable standards of manufacture, design, and installation. Repairs to and maintenance of such equipment shall be performed by the manufacturer's authorized dealers whenever possible.</p> <p>PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day, have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision. PERS services will only be provided to a member residing in a non-licensed setting.</p>
Private Duty Nursing	Private duty nursing is a service provided to individuals requiring ongoing nursing care (in contrast to part time, intermittent skilled nursing services under the Medicaid State Plan) listed in the care plan. The service is provided by licensed nurses (as defined in HAR § 16-89) within the scope of State law.
Respite Care	Respite care services are provided to individuals unable to care for themselves and are furnished on a short-term basis because of the absence of or need for relief for those persons normally providing the care. Respite may be provided at three (3) different levels: hourly, daily, and overnight. Respite care may be provided in the following locations: individual's home or place of residence; foster home/expanded-care adult residential care home; Medicaid certified NF; licensed respite day care facility; or other community care residential facility approved by the State. Respite care services are authorized by the member's PCP as part of the member's care plan. Respite services may be self-directed.
Specialized Medical	Specialized medical equipment and supplies entails the purchase, rental, lease, warranty costs, installation,



Appendix E.3

1915 (c) waiver services	Section 1115 - Long Term Care Services
Equipment and Supplies	<p>repairs and removal of devices, controls, or appliances, specified in the care plan, that enable individuals to increase and/or maintain their abilities to perform activities of daily living, or to perceive, control, participate in, or communicate with the environment in which they live.</p> <p>This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State Plan. All items shall meet applicable standards of manufacture, design and installation and may include:</p> <ul style="list-style-type: none"> <li>• Specialized infant car seats;</li> <li>• Modification of parent-owned motor vehicle to accommodate the child, i.e. wheelchair lifts;</li> <li>• Intercoms for monitoring the child's room;</li> <li>• Shower seat;</li> <li>• Portable humidifiers;</li> <li>• Electric bills specific to electrical life support devices (ventilator, oxygen concentrator);</li> <li>• Medical supplies;</li> <li>• Heavy duty items including but not limited to patient lifts or beds that exceed \$1,000 per month;</li> <li>• Rental of equipment that exceeds \$1,000 per month such as ventilators; and</li> <li>• Miscellaneous equipment such as customized wheelchairs, specialty orthotics, and bath equipment that exceeds \$1,000 per month.</li> </ul> <p>Items reimbursed shall be in addition to any medical equipment and supplies furnished under the Medicaid State Plan and shall exclude those items which are not of direct medical or remedial benefit to the individual.</p> <p>Specialized medical equipment and supplies shall be recommended by the member's PCP.</p>